

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

☒ Police
☐ City Attorney
☐ Bureau of Fire Prevention
☐ Health Dept.

DATE: 5/3/02

RETURN BY: ⁵⁻¹⁷~~6/03/02~~

CATERER

NON-CATERER X

APPLICANT: **COREY FLETCHER DBA MAHONEY GOLF COURSE**

APPLICANT'S ADDRESS: **7900 ADAMS LINCOLN NE 68507**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE :**ENTIRE GOLF COURSE
INCLUDING DRIVING RANGE, PARKING LOTS, AND ALL FENCED IN AREAS.**

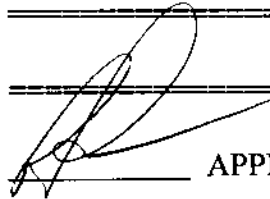
DATE(S) OF EVENT: **SEPTEMBER 29 , 2002**

TIME(S) OF EVENT : **8 AM TO 5 PM**

TYPE OF ACTIVITY: **GOLF TOURNAMENT**

DETAILS ON ATTACHED APPLICATION.

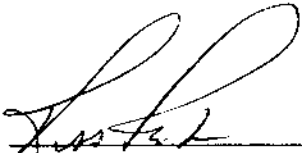
RECOMMENDATION OF APPROVAL OR DENIAL

 APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____

 843
Signature

5-6-02
Date

(If needed, use back for additional space)

465

A2-048974

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission

A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day

- ☐ LOCAL APPROVAL must be included with this application
☐ A Signed Statement from Local Police Chief or County Sheriff (question #12)
☐ NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served: ☒ Beer ☐ Wine ☐ Distilled Spirits

2. Status of the Applicant (check one)
☐ Municipal Corporation ☐ Political Corporation ☐ Fine Arts Museum ☐ Fraternal Corporation ☐ Religious Corporation ☐ Charitable Corporation ☒ Retail Licensee ☐ Public Service Corporation

3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) A - 47231
(City, State, County Number, Zip Code)

Cory Fletcher
7900 Adams
Lincoln, NE 68507

MAHONEY GOLF COURSE

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
SAME

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested
Cory Fletcher 5110 KNOX LINCOLN, NE 68507

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

Cory Fletcher ① 402-441-8969 ② 402-340-1028 ③ 402-464-7401

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
SUNDAY SEPTEMBER 29, 2002 * As per OFFICER FOSHER

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

9. Time(s) of event (example 8am to 1am, this is considered one day)
FROM: 8:00am TO: 5:00 p.m.

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
GOLF TOURNAMENT

11. Provide an estimated number of attendees at this event 120. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.
OK per Foster 843

13. List the number of SDL's that you have applied for at this specific location in the last six months.

CONTINUE ON BACK

NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT

14. Description of the premises: ☒ Inside Building ☒ Outdoor Area

Dimensions of area to be covered by license: _____ x _____ Please draw in the space provided below, the area where
liquors will be sold and consumed. LENGTH WIDTH (In feet)

ENTIRE GOLF COURSE
INCLUDING DRIVING RANGE,
PARKING LOTS, AND ALL
FENCED IN AREAS

If outdoor area, how will premises be separated from areas open to the general public? ☐ Fence ☐ Tent ☐ Other (if other, please explain)

15. Is the premises to be covered by the license located within the city/village limits? ☒ YES ☐ NO

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons
or for veterans, their wives or children? ☐ YES ☒ NO

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

DIRECTLY FROM CURRENT WHOLESALE DISTRIBUTORS (LOCAL)

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws? ☒ YES ☐ NO

19. Are there separate toilets for both men and women? ☒ YES ☐ NO

20. Other information or requests by the applicant:

21. Will there be any games of chance operating during the event? ☐ YES ☐ NO

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of
gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special
Designated License under the Liquor Control Act and is not a gambling permit application.

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true
to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police
records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other
individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for
will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons
directly responsible to the holder of this Special Designated License.

sign here Con S. Peterson
Authorized Representative/Applicant

Golf Professional/Manager 4/24/02
Title Date

sign here Con S. Peterson
Supervisor

Golf Professional/Manager 4/24/02
Title Date

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local
governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which
the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing
body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: LMGA TURKEY SHOOT - ORANGE BALL

Applicant and Sponsoring Organization or Person (if applicable): Cory FLETCHER

Date of Event: SEPTEMBER 29, 2002 Time of Event: 8:00am to 5:00p.m.

Has the applicant applied for and received liquor liability insurance? ☒ Yes ☐ No

Number of persons expected to attend: 120 Number of persons under 21 expected: 0
Is the event open to the public? ☐ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol:

NO MINORS WILL BE PARTICIPATING

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: General
Course menu items: SANDWICHES, HOT DOGS, CANNON, FRUIT,
CHIPS, NACHOS

Will non-alcoholic beverages be served: ☒ Yes ☐ No If yes, please list non-
alcoholic beverages to be served: POP, TEA, WATER, LEMONADE, POWERAID

Please identify the beverages containing alcohol that will be served: ☐ Wine ☒ Beer
☐ Distilled Spirits

Will this be a cash or complimentary bar? ☒ Cash ☐ Complimentary

Who will serve the beverages containing alcohol? SANDRA BUCKENAU, Cory Fletcher, Lounge Staff
Have the designated servers received responsible beverage service training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain:

PLEASE USE REVERSE TO PROVIDE A DRAWING

Cory Fletcher
Applicant's Signature

4/30/02
Date

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

☒ Police
☐ City Attorney
☐ Bureau of Fire Prevention
☐ Health Dept.

DATE: 5/3/02

RETURN BY: 5/17/02

CATERER

NON-CATERER X

APPLICANT: **COREY FLETCHER DBA MAHONEY GOLF COURSE**

APPLICANT'S ADDRESS: **7900 ADAMS LINCOLN NE 68507**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : **ENTIRE GOLF COURSE
INCLUDING DRIVING RANGE, PARKING LOTS, AND ALL FENCED IN AREAS**

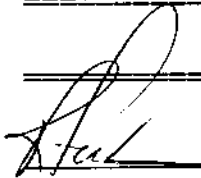
DATE(S) OF EVENT: **AUGUST 10, 2002 (RAIN DATE: 8/11/02)**

TIME(S) OF EVENT : **8 AM TO 9 PM SUN : 12 PM - 9 PM**

TYPE OF ACTIVITY: **MAHONEY DAYS**

DETAILS ON ATTACHED APPLICATION.

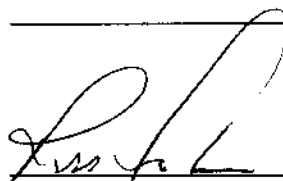
RECOMMENDATION OF APPROVAL OR DENIAL

 APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____

 #843
Signature

5-6-02
Date

(If needed, use back for additional space)

APPLICATION FOR SPECIAL DESIGNATED LICENSE
NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 95046, Lincoln NE 68509

404

A2-048973

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- ☐ All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
☐ Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
☐ A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
☐ LOCAL APPROVAL must be included with this application
☐ A Signed Statement from Local Police Chief or County Sheriff (question #12)
☐ NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served: ☒ Beer ☐ Wine ☐ Distilled Spirits
2. Status of the Applicant (check one)
☐ Municipal Corporation ☐ Political Corporation ☐ Fine Arts Museum ☐ Fraternal Corporation ☐ Religious Corporation ☐ Charitable Corporation ☒ Retail Licensee ☐ Public Service Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) A-47231

Cory Flether
7400 Adams
Lincoln, NE 68507

MAHONEY Golf Course

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)

SAME

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

Cory Flether 5110 Knox Lincoln, NE 68504

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

Cory Flether @ 402-441-8969 @ 402-540-1028 @ 402-469-7461

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

Saturday August 10th - Sunday August 11, 2002

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

9. Time(s) of event (example 8am to 1am, this is considered one day)

Saturday FROM: 8:00am TO: 9:00pm Sunday 12:00pm - 9:00pm

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

MAHONEY Days

11. Provide an estimated number of attendees at this event 200 per day. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

OK - Per Joe Co #843

13. List the number of SDL's that you have applied for at this specific location in the last six months.

CONTINUE ON BACK

NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT

14. Description of the premises: ☐ Inside Building ☐ Outdoor Area

Dimensions of area to be covered by license: _____ x _____. Please draw in the space provided below, the area where
liquors will be sold and consumed. LENGTH WIDTH (In feet)

ENTIRE GOLF COURSE
INCLUDING DRIVING RANGE,
PARKING LOTS, AND ALL
FENCED IN AREAS

If outdoor area, how will premises be separated from areas open to the general public? ☒ Fence ☐ Tent ☐ Other (if other, please explain)

15. Is the premises to be covered by the license located within the city/village limits? ☒ YES ☐ NO

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons
or for veterans, their wives or children? ☐ YES ☒ NO

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

DIRECTLY FROM CURRENT WHOLESALE DISTRIBUTORS (LOCAL)

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws? ☒ YES ☐ NO

19. Are there separate toilets for both men and women? ☒ YES ☐ NO

20. Other information or requests by the applicant:

21. Will there be any games of chance operating during the event? ☐ YES ☐ NO

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of
gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special
Designated License under the Liquor Control Act and is not a gambling permit application.

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true
to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police
records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other
individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for
will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons
directly responsible to the holder of this Special Designated License.

sign
here

Authorized Representative/Applicant

Golf Professional/Manager 4/24/02
Title Date

sign
here

Supervisor

Golf Professional/Manager 4/24/02
Title Date

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local
governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which
the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing
body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: MAHONEY Country Club Days

Applicant and Sponsoring Organization or Person (if applicable): Cory FLETCHER

Date of Event: August 10-11 Time of Event: Saturday 8:00am to 9:00 p.m.
Sunday 12:00pm to 9:00 p.m.

Has the applicant applied for and received liquor liability insurance? X Yes No

Number of persons expected to attend: 200 Number of persons under 21 expected: 25-50
Is the event open to the public? X Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol:

TRAINED Employees and food & Beverage Manager on duty
AT ALL TIMES. I.D. checks for all persons in question

Will food be served? X Yes No If yes, please list food to be served: General
Course menu items: Sandwiches, Hot Dogs, Candy, Fruit,
Chips, Nachos

Will non-alcoholic beverages be served: X Yes No If yes, please list non-
alcoholic beverages to be served: Pop, TEA, WATER, Lemonade, PowerAid

Please identify the beverages containing alcohol that will be served: Wine X Beer
 Distilled Spirits

Will this be a cash or complimentary bar? X Cash Complimentary

Who will serve the beverages containing alcohol? Sandra Buchanan, Cory Fletcher, Lounge Staff
Have the designated servers received responsible beverage service training? X Yes No

Will there be a charge for admission? Yes X No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? Yes X No If so, explain:

PLEASE USE REVERSE TO PROVIDE A DRAWING

Cory Fletcher
Applicant's Signature

4/30/02
Date

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

☒ Police
☐ City Attorney
☐ Bureau of Fire Prevention
☐ Health Dept.

DATE: 5/3/02

RETURN BY: 6/03/02

CATERER

NON-CATERER X

APPLICANT: **COREY FLETCHER DBA MAHONEY GOLF COURSE**

APPLICANT'S ADDRESS: **7900 ADAMS LINCOLN NE 68507**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : **ENTIRE GOLF COURSE
INCLUDING DRIVING RANGE, PARKING LOTS, AND ALL FENCED IN AREAS.**

DATE(S) OF EVENT: **AUGUST 3 , 2002 ; RAIN DATE: 8/10/02**

TIME(S) OF EVENT : **8 AM TO 6 PM**

TYPE OF ACTIVITY: **GOLF TOURNAMENT**

DETAILS ON ATTACHED APPLICATION.


RECOMMENDATION OF APPROVAL OR DENIAL

 APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____

 #845
Signature

5-6-02
Date

(If needed, use back for additional space)

463

A2-048971

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission

A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day

- ☐ LOCAL APPROVAL must be included with this application
☐ A Signed Statement from Local Police Chief or County Sheriff (question #12)
☐ NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served: ☒ Beer ☐ Wine ☐ Distilled Spirits
2. Status of the Applicant (check one)
☐ Municipal Corporation ☐ Political Corporation ☐ Fine Arts Museum ☐ Fraternal Corporation ☐ Religious Corporation ☐ Charitable Corporation ☒ Retail Licensee ☐ Public Service Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number And Class (Example C/K) A-47231

CORY FLETCHER
7900 Adams
Lincoln, NE 68507

MAHONEY GOLF COURSE

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
SAME

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

CORY FLETCHER 5110 KNOX LINCOLN, NE 68504

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

CORY FLETCHER ^{Work} ① 402-441-8969 ^{Cell} ② 402-540-1028 ^{Home} ③ 402-464-7461

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

SATURDAY AUGUST 3, 2002

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

→ AUGUST 10, 2002

9. Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 8:00am TO: 6:00pm

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

GOLF TOURNAMENT - LINCOLN NORTHEAST HALL OF FAME / BOW-STEENS Scrambl

11. Provide an estimated number of attendees at this event 144. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THE ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.
OK for Fletcher 843

13. List the number of SDL's that you have applied for at this specific location in the last six months. 0

CONTINUE ON BACK

NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT

14. Description of the premises: ☒ Inside Building ☒ Outdoor Area

Dimensions of area to be covered by license: _____ x _____ Please draw in the space provided below, the area where
liquors will be sold and consumed. LENGTH WIDTH (In feet)

ENTIRE GOLF COURSE
INCLUDING DRIVING RANGE,
PARKING LOTS, AND ALL
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If outdoor area, how will premises be separated from areas open to the general public? ☐ Fence ☐ Tent ☐ Other (if other, please explain)

15. Is the premises to be covered by the license located within the city/village limits? ☒ YES ☐ NO

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons
or for veterans, their wives or children? ☐ YES ☒ NO

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

DIRECTLY FROM CURRENT WHOLESALE DISTRIBUTORS (LOCAL)

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws? ☒ YES ☐ NO

19. Are there separate toilets for both men and women? ☒ YES ☐ NO

20. Other information or requests by the applicant:

21. Will there be any games of chance operating during the event? ☐ YES ☒ NO

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of
gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special
Designated License under the Liquor Control Act and is not a gambling permit application.

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true
to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police
records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other
individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for
will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons
directly responsible to the holder of this Special Designated License.

sign
here

Cory S. Reuter
Authorized Representative/Applicant

Golf Professional/Manager 4/24/02
Title Date

sign
here

Cory S. Reuter
Supervisor

Golf Professional/Manager 4/24/02
Title Date

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local
governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which
the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing
body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

FORM 35-422
REV 9/00
PAGE 2

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: UNE Hall of Fame / Booster Club Scramble

Applicant and Sponsoring Organization or Person (if applicable): Cory Fletcher

Date of Event: August 3, 2002 Time of Event: 8:00 a.m. to 6:00 p.m.

Has the applicant applied for and received liquor liability insurance? ☒ Yes ☐ No

Number of persons expected to attend: 140 Number of persons under 21 expected:

0 Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol:

NO MINORS WILL BE PARTICIPATING IF MINORS ARE PRESENT FOR AWARDS CEREMONY, FOOD & BEVERAGE MANAGER ON DUTY.

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: General Course menu items: Sandwiches, Hot Dogs, Candy, Fruit, Chips, Nachos

Will non-alcoholic beverages be served: ☒ Yes ☐ No If yes, please list non-alcoholic beverages to be served: Pop, Tea, Water, Lemonade, Poweraid

Please identify the beverages containing alcohol that will be served: ☐ Wine ☒ Beer ☐ Distilled Spirits

Will this be a cash or complimentary bar? ☒ Cash ☐ Complimentary

Who will serve the beverages containing alcohol? Sandra Buchenau, Cory Fletcher, Lounge Staff

Have the designated servers received responsible beverage service training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain:

PLEASE USE REVERSE TO PROVIDE A DRAWING

Cory Fletcher
Applicant's Signature

4/30/02
Date

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

☒ Police
☐ City Attorney
☐ Bureau of Fire Prevention
☐ Health Dept.

DATE: 5/3/02

RETURN BY: 6/03/02

CATERER

NON-CATERER X

APPLICANT: **COREY FLETCHER DBA MAHONEY GOLF COURSE**

APPLICANT'S ADDRESS: **7900 ADAMS LINCOLN NE 68507**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE :**ENTIRE GOLF COURSE
INCLUDING DRIVING RANGE, PARKING LOTS, AND ALL FENCED IN AREAS.**

DATE(S) OF EVENT: **JULY 14, 2002**

TIME(S) OF EVENT : **8 AM TO 5 PM**

TYPE OF ACTIVITY: **GOLF TOURNAMENT**

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

 **APPROVED**

CONDITIONS _____

_____ **DENIED**

REASON(S) FOR _____


Signature

5-6-02
Date

(If needed, use back for additional space)

467

A2-048969

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission

A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day

- ☐ LOCAL APPROVAL must be included with this application
☐ A Signed Statement from Local Police Chief or County Sheriff (question #12)
☐ NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served: ☒ Beer ☐ Wine ☐ Distilled Spirits

2. Status of the Applicant (check one)

- ☐ Municipal Corporation ☐ Political Corporation ☐ Fine Arts Museum ☐ Fraternal Corporation ☐ Religious Corporation ☐ Charitable Corporation ☒ Retail Licensee ☐ Public Service Corporation

3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number
(City, State, County Number, Zip Code) And Class (Example C/K)

A-47231

Cory Fletcher
7900 Adams
Lincoln, NE 68507

MAHONEY Golf Course

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)

SAME

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

Cory Fletcher 5110 Knox Lincoln, NE 68504

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

Cory Fletcher ① 402-441-8969 (Work) ② 402-540-1028 (Cell) ③ 402-464-7401 (Home)

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

Sunday July 14, 2002

* AS PER OFFICER

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

9. Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 8:00am TO: 8:00pm

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

GOLF TOURNAMENT

LMGA

11. Provide an estimated number of attendees at this event 120. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

OK per Foster 843

13. List the number of SDL's that you have applied for at this specific location in the last six months. 0

CONTINUE ON BACK

NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT

14. Description of the premises: ☒ Inside Building ☒ Outdoor Area

Dimensions of area to be covered by license: _____ x _____, Please draw in the space provided below, the area where
liquors will be sold and consumed. LENGTH WIDTH (In feet)

ENTIRE GOLF COURSE
INCLUDING DRIVING RANGE,
PARKING LOTS AND ALL
FENCED IN AREAS

If outdoor area, how will premises be separated from areas open to the general public? ☐ Fence ☐ Tent ☐ Other (if other, please explain)

15. Is the premises to be covered by the license located within the city/village limits? ☒ YES ☐ NO

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons
or for veterans, their wives or children? ☐ YES ☒ NO

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

DIRECTLY FROM CURRENT WHOLESALE DISTRIBUTORS (LOCAL)

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws? ☒ YES ☐ NO

19. Are there separate toilets for both men and women? ☒ YES ☐ NO

20. Other information or requests by the applicant:

21. Will there be any games of chance operating during the event? ☐ YES ☐ NO

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of
gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special
Designated License under the Liquor Control Act and is not a gambling permit application.

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true
to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police
records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other
individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for
will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons
directly responsible to the holder of this Special Designated License.

sign
here

Cam Rietman
Authorized Representative/Applicant

Golf Professional/Manager 4/24/02
Title Date

sign
here

Cam Rietman
Supervisor

Golf Professional/Manager 4/24/02
Title Date

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local
governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which
the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing
body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

FORM 35-422
REV 9/00
PAGE 2

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: LMGA TRIPLE PLAY

Applicant and Sponsoring Organization or Person (if applicable): Cory FLETCHER

Date of Event: JULY 14, 2002 Time of Event: 8:00 AM TO 5 PM.

Has the applicant applied for and received liquor liability insurance? ☒ Yes ☐ No

Number of persons expected to attend: 120 Number of persons under 21 expected: 0
Is the event open to the public? ☐ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol:

NO MINORS WILL BE PARTICIPATING

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: General
Course menu items: SANDWICHES, HOT DOGS, CANNY, FRUIT,
CHIPS, NACHOS

Will non-alcoholic beverages be served: ☒ Yes ☐ No If yes, please list non-
alcoholic beverages to be served: POP, TEA, WATER, LEMONADE, POWERAID

Please identify the beverages containing alcohol that will be served: ☐ Wine ☒ Beer
☐ Distilled Spirits

Will this be a cash or complimentary bar? ☒ Cash ☐ Complimentary

Who will serve the beverages containing alcohol? SANDRA BUCHENAU, Cory Fletcher, Lounge Staff
Have the designated servers received responsible beverage service training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain:

PLEASE USE REVERSE TO PROVIDE A DRAWING

Cory Fletcher
Applicant's Signature

4/30/02
Date

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

☒ Police
☐ City Attorney
☐ Bureau of Fire Prevention
☐ Health Dept.

DATE: 5/3/02
5/17
RETURN BY: ~~6/03/02~~

CATERER

NON-CATERER X

APPLICANT: **COREY FLETCHER DBA MAHONEY GOLF COURSE**

APPLICANT'S ADDRESS: **7900 ADAMS LINCOLN NE 68507**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE :**ENTIRE GOLF COURSE
INCLUDING DRIVING RANGE, PARKING LOTS, AND ALL FENCED IN AREAS.**

DATE(S) OF EVENT: **JUNE 27, 2002**

TIME(S) OF EVENT : **8 AM TO 9 PM**

TYPE OF ACTIVITY: **GOLF LEAGUE/CUSTOMER APPRECIATION DAY**

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

 **APPROVED**

CONDITIONS _____

_____ **DENIED**

REASON(S) FOR _____

 #243
Signature

5-6-02
Date

(If needed, use back for additional space)

461

A2-048968

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission

A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day

- ☐ LOCAL APPROVAL must be included with this application
☐ A Signed Statement from Local Police Chief or County Sheriff (question #12)
☐ NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served: ☒ Beer ☐ Wine ☐ Distilled Spirits

2. Status of the Applicant (check one)

- ☐ Municipal Corporation ☐ Political Corporation ☐ Fine Arts Museum ☐ Fraternal Corporation ☐ Religious Corporation ☐ Charitable Corporation ☒ Retail Licensee ☐ Public Service Corporation

3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number
(City, State, County Number, Zip Code) And Class (Example C/K)

A-47231

Cory Flerher
7900 Adams
Lincoln, NE 68507

MAHONEY GOLF Course

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)

SAME

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

Cory Flerher 5110 KNOX LINCOLN, NE 68504

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

Cory Flerher (1) 402-441-8964 (2) 402-540-1028 (3) 402-464-7461

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

THURSDAY JUNE 27, 2002

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

9. Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 8:00am TO: 9:00 p.m.

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

GOLF LEAGUE / CUSTOMER APPRECIATION DAY

11. Provide an estimated number of attendees at this event 200. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

OK Per Foster 843

13. List the number of SDL's that you have applied for at this specific location in the last six months. 0

CONTINUE ON BACK

NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT

14. Description of the premises: ☐ Inside Building ☐ Outdoor Area

Dimensions of area to be covered by license: _____ x _____ Please draw in the space provided below, the area where
liquors will be sold and consumed. LENGTH WIDTH (In feet)

ENTIRE GOLF COURSE
INCLUDING DRIVING RANGE,
PARKING LOTS, AND ALL
FENCED IN AREAS

If outdoor area, how will premises be separated from areas open to the general public? ☐ Fence ☐ Tent ☐ Other (if other, please explain)

15. Is the premises to be covered by the license located within the city/village limits? ☒ YES ☐ NO

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons
or for veterans, their wives or children? ☐ YES ☒ NO

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

DIRECTLY FROM CURRENT WHOLESALE DISTRIBUTORS (LOCAL)

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws? ☒ YES ☐ NO

19. Are there separate toilets for both men and women? ☒ YES ☐ NO

20. Other information or requests by the applicant:

21. Will there be any games of chance operating during the event? ☐ YES ☐ NO

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of
gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special
Designated License under the Liquor Control Act and is not a gambling permit application.

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true
to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police
records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other
individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for
will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons
directly responsible to the holder of this Special Designated License.

sign
here

Con S B Canner

Authorized Representative/Applicant

Chief Professional/Manager

Title

4/24/02
Date

sign
here

Con S B Canner

Supervisor

Chief Professional/Manager

Title

4/24/02
Date

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local
governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which
the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing
body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

FORM 35-422
REV 9/00
PAGE 2

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: MATTHEW GOLF LEAGUE / CUSTOMER APPRECIATION DAY

Applicant and Sponsoring Organization or Person (if applicable): Cory FLETCHER

Date of Event: THURSDAY JUNE 27th 2000 Time of Event: 8:00am to 9:00pm

Has the applicant applied for and received liquor liability insurance? ☒ Yes ☐ No

Number of persons expected to attend: 200 Number of persons under 21 expected: LESS THAN 30
Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol:
TRAINED Employees AND FOOD & BEVERAGE MANAGER ON DUTY AT ALL TIMES. ID CHECKS FOR ALL PERSONS IN QUESTION.

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: General course menu items: SANDWICHES, HOT DOGS, CANNY, FRUIT, CHIPS, NACHOS

Will non-alcoholic beverages be served: ☒ Yes ☐ No If yes, please list non-alcoholic beverages to be served: POP, TEA, WATER, LEAKNAOE, POWERAID

Please identify the beverages containing alcohol that will be served: ☐ Wine ☒ Beer
☐ Distilled Spirits

Will this be a cash or complimentary bar? ☒ Cash ☐ Complimentary

Who will serve the beverages containing alcohol? SANDRA BUCHENAU, Cory Fletcher, Lounge Staff
Have the designated servers received responsible beverage service training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain:

PLEASE USE REVERSE TO PROVIDE A DRAWING

Cory Fletcher
Applicant's Signature

4/30/02
Date

462

A2-048986

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission

A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day

- ☐ **LOCAL APPROVAL** must be included with this application
☐ A Signed Statement from Local Police Chief or County Sheriff (question #12)
☐ **NON PROFIT CORPORATION** MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served: ☒ Beer ☐ Wine ☐ Distilled Spirits

2. Status of the Applicant (check one)
☐ Municipal Corporation ☐ Political Corporation ☐ Fine Arts Museum ☐ Fraternal Corporation ☐ Religious Corporation ☐ Charitable Corporation ☒ Retail Licensee ☐ Public Service Corporation

3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number And Class (Example C/K) A-47231

Cory Fletcher
7900 Adams
Lincoln, NE 68507

MAHONEY Golf Course

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
SAME

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
Cory Fletcher 5110 KNOX Lincoln, NE 68504

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

Cory Fletcher ① 402-441-8969 (Work) ② 402-540-1028 (Cell) ③ 402-464-7401 (Home)

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
Sunday July 14, 2002 * AS PER OFFICER

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

9. Time(s) of event (example 8am to 1am, this is considered one day)
FROM: 8:00am TO: 5:00 p.m.

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
GOLF TOURNAMENT - LMGA

11. Provide an estimated number of attendees at this event 120. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.
OK per Fester 843

13. List the number of SDL's that you have applied for at this specific location in the last six months. 0

CONTINUE ON BACK

NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT

14. Description of the premises: ☒ Inside Building ☒ Outdoor Area

Dimensions of area to be covered by license: _____ x _____ Please draw in the space provided below, the area where
liquors will be sold and consumed. LENGTH WIDTH (In feet)

ENTIRE GOLF COURSE
INCLUDING DRIVING RANGE,
PARKING LOTS AND ALL
FENCED IN AREAS

If outdoor area, how will premises be separated from areas open to the general public? ☐ Fence ☐ Tent ☐ Other (if other, please explain)

15. Is the premises to be covered by the license located within the city/village limits? ☒ YES ☐ NO

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons
or for veterans, their wives or children? ☐ YES ☒ NO

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

DIRECTLY FROM CURRENT WHOLESALE DISTRIBUTORS (LOCAL)

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws? ☒ YES ☐ NO

19. Are there separate toilets for both men and women? ☒ YES ☐ NO

20. Other information or requests by the applicant:

21. Will there be any games of chance operating during the event? ☐ YES ☐ NO

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of
gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special
Designated License under the Liquor Control Act and is not a gambling permit application.

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true
to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police
records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other
individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for
will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons
directly responsible to the holder of this Special Designated License.

sign
here

Cam Blumenthal
Authorized Representative/Applicant

Golf Professional/Manager 4/24/02
Title Date

sign
here

Cam Blumenthal
Supervisor

Golf Professional/Manager 4/24/02
Title Date

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local
governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which
the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing
body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.

A ten day advance period is requested in writing to produce the alternate format.

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: LMGA Triple Play

Applicant and Sponsoring Organization or Person (if applicable): Cory Fletcher

Date of Event: July 14, 2002 Time of Event: 8:00 am to 5 p.m.

Has the applicant applied for and received liquor liability insurance? ☒ Yes ☐ No

Number of persons expected to attend: 120 Number of persons under 21 expected: 0
Is the event open to the public? ☐ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol:

No minors will be participating

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: General
Course menu items: Sandwiches, Hot Dogs, Cantou, Fruit,
Chips, Nachos

Will non-alcoholic beverages be served: ☒ Yes ☐ No If yes, please list non-
alcoholic beverages to be served: Pop, Tea, Water, Lemonade, Poweraid

Please identify the beverages containing alcohol that will be served: ☐ Wine ☒ Beer
☐ Distilled Spirits

Will this be a cash or complimentary bar? ☒ Cash ☐ Complimentary

Who will serve the beverages containing alcohol? Sandra Buchanan, Cory Fletcher, Lounge Staff
Have the designated servers received responsible beverage service training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain:

PLEASE USE REVERSE TO PROVIDE A DRAWING

Cory Fletcher
Applicant's Signature

4/30/02
Date